| From: Date: Veh No: GGF \$50!Y Yr Regn: 3/4/7 Estimated Cost CO (FO) WS / TP RES / CO RES / EVA / INV / MV To Inspect Vehicle No: Make: M9XUS GIO c.c 850 at Workshop m/s: Colour White A/C: Insured / Std / NI / NA Insured: Eng No: Claims No. Sum Insured: Excess: Steering: Inforder / Jammed / Leaked / Burnt or (Client's Record) Make: Of Vehicle No: LSK G4GL 17 / LA / OS Steering: Inforder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD / Rim or Tyre Size: F: 195/SSR / S (Folioy Condition) Remark: The veh had commenced its repair at the time of inspection. |
|---|
| Type: M.Carl M.Cycle Bus Can Lorry Taxi Prime Mover To Inspect Vehicle No: at Workshop m/s: of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its Type: M.Carl M.Cycle Bus Can Lorry Taxi Prime Mover Truck Trailer or Make: M9XUS GIO |
| Type: M.Carl M.Cycle Bus Can Lorry Taxi Prime Mover To Inspect Vehicle No: at Workshop m/s: of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its Type: M.Carl M.Cycle Bus Can Lorry Taxi Prime Mover Truck / Trailer or Make: M9XUS GIO |
| To Inspect Vehicle No: at Workshop m/s: of Colour While A/C: Insured / Std / NI / NA Sp. Reading Sp. |
| at Workshop m/s of Sp. Reading 55679 T/Radio: Insured / Std / NI / NA Insured: Policy No. Claims No. Sum Insured: Excess: (Cfient's Record) Make of Veh: Choicy Condition) Remark: The veh had commenced its Colour White A/C: Insured / Std / NI / NA Sp. Reading 55679 T/Radio: Insured / Std / NI / NA Eng. No: CNo: L SK G46L J F J J J J J J J J J J J J J J J J J |
| Sp. Reading SS 179 T/Radio: Insured / Std / NI / NA Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its Sp. Reading SS 179 T/Radio: Insured / Std / NI / NA Eng No: C/No: L SK G4GL JHJ 4/ 1995 Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195/SS R 15 R: (1) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| Insured: Policy No. Claims No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its Eng No: C/No: L SK G4GL I I I I I I I I I I I I I I I I I I I |
| Policy No. Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195/55 R / 5 (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / |
| Claims No. Sum Insured: Excess: Steering: In order / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195/55 R / 5 (Policy Condition) Remark: The veh had commenced its N/S O/S BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| Sum Insured: Excess: Steering: Inerder / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / S/Rim / S/D A/Rim or Tyre Size: F: 195/55 R / 5 (Policy Condition) Remark: The veh had commenced its N'S O/S BS / DUN/ EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| (Client's Record) Make of Veh: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 195/55 R / 5 |
| Make of Veh: Modi: Nil / S/Rim / 9TD A/Rim or Tyte Size: F: 195/55 R /5 Remark: The veh had commenced its N:S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| (Policy Condition) Remark: The veh had commenced its N'S O/S R: |
| (Policy Condition) Remark: The veh had commenced its N'S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| DS PONTEXNOVATOR TO CHISTOPINA SOMET |
| |
| Bal. or Market Value: Front Rear |
| IDAC Accident Rport Consistent? : Yes or No R/Bal. 4 mm R/Bal. 4 mm |
| GIA / PR Seen: Consistent? : Yes or No L/Bal. 4 mm L/Bal. 4 mm |
| Est. Repairs: days Res.: Yes or No D.O.A. 17/7/29 D.O.I. 1/4/7/29 |
| Lum Sum: % 3 Val.: Yes or No . Survey held at CYCIE & Callage , Ubi |
| CA / REV / REP. / 24 HRS Des. of Damages Fri / Rear / O/S / N/S / U/C / Rooftop or |
| Vehicle: IN / OUT |
| Date:Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction MV - 38K |
| 1411-201 |
| finalize \$2045.00 (P/P, before GST). 3 repair days. |
| (red: 2045; 74%) |
| |
| |
| |
| |
| Date/Time, File Pass to? : Preli. Report Days Of Repair: 3 |
| 1) : Final Report Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? Transportation: |
| 2) Add Fee: : Site Insp (\$)_s+Rs_si ' |
| : Interview (\$) Photos |
| Report Format: : Tech. Invs (\$) others |
| Lump Sum / LBJ: (\$ 2045) : Weekend (\$ |
| TOTAL |



CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD EUNOS LINK SERVICE CENTRE



330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

Steve (LKK) 8377 8813 ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info | | | | |
|--|---------------------------|--------------------------------|--|--|--|
| CHINA TAIPING INSURANCE (SINGAPORE) | Cust No/Name | /Y.S. Lim Construction Pte Ltd | | | |
| 3 Anson Road #16-00 WH Will | Reg No/Reg Date | GBF8801Y / 03/04/2017 | | | |
| Springleaf Tower | Date In/Mileage | 14/07/2020/ 0 | | | |
| Singapore 079909 Attn: Claims Dept. Contact No 63896111 | Chassis No | LSKG4GL12HA410055 | | | |
| | Engine No | 19D4N1PYGB01K018 | | | |
| | Make/Model | MAXCV/G10D19TMT | | | |
| | Colour/Trim | WHT White / BK Black | | | |

| | | Date/Time Printed | CSE ' | Operator | | WIP No | 1100 | | |
|--------------------------------|---|----------------------|--|--|-----------------|------------|---|-----|-------------|
| F0000018 | Credit | 14/07/2020/ 15:56 | DS | 218 / MarsLer | | 48530 | | | |
| | * | Description of Good | is / Services | | Qty | Unit Price | Disc% | An | mount |
| S MIPNT88088 | | E WITH CASING | | e stalo de se sidente cosse | | | T | | 50.00 |
| S MIPNT88088 | 8 | | | | | | | | 250.00/ |
| DIAGNOSTIC S MIPNT88088 | 8 | | Washing to the same of the sam | .50 | | | | 80 | 100.00 |
| TO CHECK L | | AND WIRING SYSTEM | ON FRONT AL | CCIDENT 600 | | | | J | |
| MIPNT88088 | 3 | BUMPER, REINFORCEMEN | T,ETC | | | | l. | 690 | 2400.00 |
| -REPAIR SU | IPPORT PA | | | TED AREAS @a | - | | | | |
| MIPNT98088 | | | \sim 15 | 11000 | തന്ദ |) | 1 | 420 | 1680.00 |
| NCOO071562 | | FRONT ACCIDENT AFA | | *\ | SI 18.18 | 7 437.00 | | 1 | 437.00 |
| NC00071570 | _ | GRILLE-FRT | BPR LWR / | | 1.00 | 144.00 | 0.000 0.000 0.000 | ţ | 144.00 |
| NC00037357 | | LH FRT FOGL | IGHT COVE - | / CM | 1.00 | 10.00 | | ţ | 10.00 |
| NC00018122 | | ABSORBER-FR | T BPR ENG | 1 | 1.00 | 42.00 | G. A STATE OF THE PARTY OF THE | 1 | 42.00 |
| NC00063826 | | GRILLE ASM- | RAD " | arasi | 1.00 | 171.00 | | | 171.00 |
| NC00008711 | | CLIP-RAD GR | 47/P | · (*) | 2.00 | 1.00 | THE PROPERTY OF THE PERSON NAMED IN | | 2.00 |
| NC00018364 | | LOGO-FRT 7 | 1 | ¥ | 1.00 | 23.00 | | | 23.00 |
| NC00020644- | 4100 | CROSSMEMBER | ASM-FRT " | | 1.00 | 1037.00 | | | 1037.00 |
| NC00024453 | | LH SIDE BRAG | | · (| 1.00 | 6.00 | | | 6.00 |
| NC00024454 | | RH SIDE BRAG | CKET / N | | 1.00 | 6.00 | | | 6.00 |
| JJMR200300 | | CLIP, BUMPER | | | 10.00 | 4.00 | 59 | | 36.00 |
| NC00036427 | | LH FRT FOG L | AMD " | | 1.00 | 69.00 | | | 69.00 |
| NC00056663 | | LH HEADLAMP | | | 1.00 | 1652.00 | | | 1652.00 |
| | | LA MEAULAMP | M331 | | 1.00 | 1032.00 | 0.00 | | 1032.0 |
| NOTES | 12/07/0 | 1020 ALONO ELOT 001 | CT DD | | | | | 1 | |
| | | 2020 ALONG EAST COA | 421 KD | | | | | | |
| OWNER CLAIM | | | | | | | | | |
| REQUIRED REP | | | 7 1 5 | | | | | 1 | |
| TP # GBD167 | 70P | TP INS : CHINA TAI | IPING | | | | | | |
| | |) . | | 19 1111-121 - 1211-121 | N | | | 1 | 2 (22 |
| offirm & acceptudo Consultants | | Nife | | | Parts Labour | | | | 3,635. 0 |
| pairer of the foll | lowing | | | | Standard | \ Menu | | | 0 |

| Confirm & accepted by | Parts | 3,635.00 |
|---|-------------------|----------|
| LKK Auto Consultants hence notify | Labour | 0.00 |
| the Repairer of the following: | Standard Menu | 0.00 |
| To resurvey before/after spray painting | Specialist Job | 4,480.00 |
| To display damaged part(s) during resurvey | Others (Lub, etc) | 0.00 |
| Parts prices are subject to confirmation | Sundry | 0.00 |
| Thirties y serve is strong the troop conduction being stamp | Total (w/o GST) | 8,115.00 |
| No illegal medification(s) is allowed. | | |

Supplication of this personal state of days from date of quote. This is a computer generated document, no signature is required.

If a property is the state of t

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

EL SAL ACCIDENT STATEMENT

Date Of Report

13/07/2020 17:43

Date Of Accident

13/07/2020 14:50

Exact Location Of Accident

EAST COAST RD

Country/State of Loss

SINGAPORE

etaies drown vehicee A STATE OF THE PARTY OF THE PAR

Vehicle Registration Number

GBF8801Y

insured/Policyholder

Name Of Registered Owner

Y.S. LIM CONSTRUCTION PTE LTD

Co Reg No

1XXXXXX365K

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96389418

Alternative Phone No

OFFICE-96389418

Vehicle Particulars

Manufacturer

MAXUS

Model

G10-1.9 (A)

Exact Purpose for which vehicle was being used at NORMAL USAGE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

2100506310-03

Cover Note Number

Driver

FOO TUCK LAM

NRIC No

SXXXX184E

Name of Driver

08/11/1967

Date Of Birth

OUTDOOR

Occupation

Date Of Driving Pass

03/11/2009 10 YEARS AND 8 MONTHS

Driving Experience

MALE

Gender

(LOCAL) +65-91130623

Mobile Number

Fax Number

OTHERS-91130623

Contact Number **EMail Address**

NOEMAIL

Page 1 of 21

SINGAPORE ACCIDENT STATEMENT

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Vehicle Particulars

Manufacturer

MAXUS

Model

G10-1.9 (A)

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THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

2100506310-03

Cover Note Number

Driver

FOO TUCK LAM

NRIC No

SXXXX184E

Name of Driver

08/11/1967

Date Of Birth

OUTDOOR

Occupation

Date Of Driving Pass

03/11/2009 10 YEARS AND 8 MONTHS

Driving Experience

MALE

Gender

(LOCAL) +65-91130623

Mobile Number

Fax Number

OTHERS-91130623

Contact Number **EMail Address**

NOEMAIL

Page 1 of 21

Address

Vehicle

374A EAST COAST ROAD SINGAPORE

Postcode

428983

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PANG SIONG POH

GENDER:

: MALE

Detaits of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG EAST COAST RD.I SAW VEHICLE B GBD1670P INFRONT OF ME INTENTION REVERSING HIS VEHICLE, I WAS STOPPED AND GIVE WAY HIM BUT HE STILL REVERSED AND COLLIDED INTO MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OR OTHER VEHICLE PROPERTY

Vehicle Registration Number

GBD1670P

Vehicle Make/Model/Colour

NISSAN NV350 WHITE

Details Of Properties

Vehicle Catagory

COMMERCIAL VEHICLE

Name of Driver

CHIA KHOON TECK

NRIC/Passport Number

SXXXX752G

Contact Number

BLK 108 SERANGOON NORTH AVENUE 1

Address

#04-707 SINGAPORE

Postcoce

550108

Insurance Company Name

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

N. S. M. COPSTRUCTUS FILLTIO. 374 A LAST COA: 1 170 AU M. SPURL AFFINS

Driver's Signature

Oriver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature

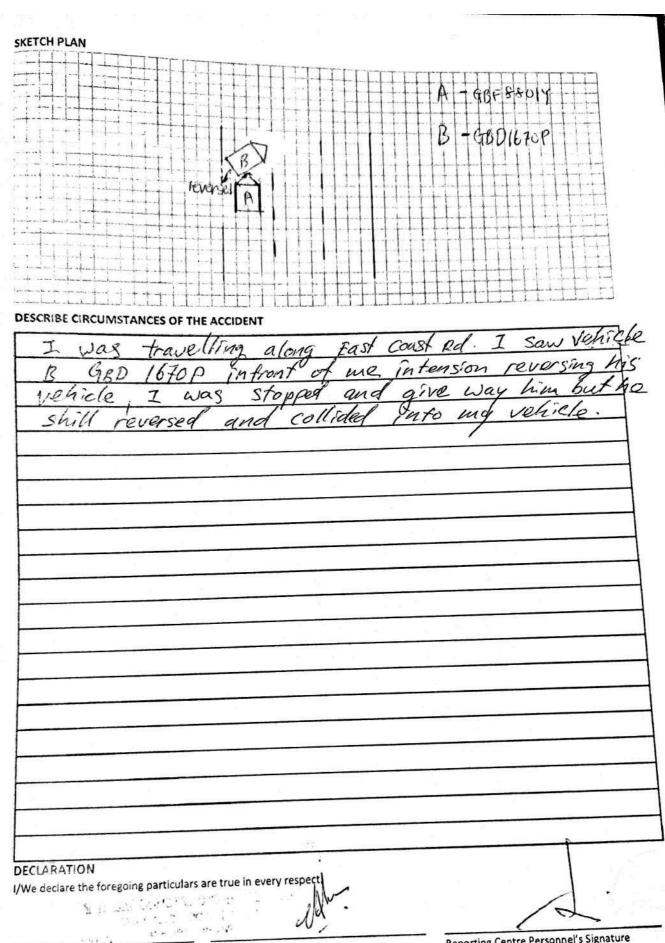
Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

GELEMI SzerchPiacsorni 43

1



Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .: